



Registration Form
Kindergarten Readiness Program
held Friday mornings March 22, 29, April 5, 12, 2019
9:00-11:30am

Student Information Form

Name of Student: _____ Gender: _____

Date of Birth: _____ Age at Program Time: _____

Address: _____ Home Phone: _____

_____ Cell phone: _____

Email _____

Father

Mother

Name: _____

Name: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Health Information

Health Difficulties: Heart _____ Vision _____ Hearing _____ Speech _____

Others: _____

Allergies: _____

Please note: If your child has been prescribed an EpiPen or inhaler, please provide one in a fanny pack on your child.

Family Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Parent Signature: _____ Date: _____

Kindergarten Readiness Program: Kingston Christian School Media Release Form

Use of Student Picture in Printed Material: Please indicate your choice by checking one of the following:

We hereby grant permission to Kingston Christian School to use pictures of our child(ren) in printed materials and/or electronic means. These pictures are intended for the sole purpose of promoting Ready, Set, READ!

We DO NOT grant permission for Kingston Christian School to use pictures of our child(ren) in printed materials and/or electronic means. These are pictures intended for the sole purpose of promoting Ready, Set, READ!

Parent Signature: _____

Kingston Christian School - Enrolment Questionnaire: Kindergarten Readiness Program

Our mission at Kingston Christian School is to provide an excellent Christ-centred education for each student that is enrolled in our school and in our programs. Understanding that our school is a nonprofit organization and that our resources are limited, we must take seriously our call to service each child according to his/her gifts and needs. We confess that despite our best efforts, there are some needs we simply cannot meet. We therefore ask that families fully disclose their best understanding of their children’s needs in order to ensure that our program is the best fit for your family.

1. Does your child have any diagnosed or suspected medical conditions?

2. Does your child take any regular medications? If yes, please explain.

3. Does your child have any known or suspected delays? If yes, please explain.

5. Does your child have any behaviours that the school should be aware of? If yes, please explain.

6. Does your child require assistance with use of the toilet? Yes ____ No ____

7. What are your child’s favourite toys/hobbies/sports, etc.?

I understand that anything less than full disclosure of any of the above information/or related conditions could cause the cessation of services.

Parent Signature: _____

Date: _____

Payment: Please return the Registration form and Enrolment Questionnaire, along with a cheque made payable to Kingston Christian School in the amount of \$70, to the school office.

If you enroll your child in Kindergarten prior to April 1st, the Readiness Program is free. Refunds will be extended to those who must cancel provided the request is made in writing prior to April 1st.

Please do not hesitate to call 613-384-9572 with any questions.